

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	TENE et al.	Examiner:	Stephen Elmore
Application No.:	10/701,388	Art Unit:	2185
Filed:	November 4, 2003	Docket No.	AZULP002
Title:	MEMORY MANAGEMENT		

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on June 21, 2006.

Signed:

Veronica Pula

TRANSMITTAL OF PRELIMINARY AMENDMENT A

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment A.
The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Entity			Large Entity	
				Rate	Fee		Rate	Fee
Total	75	31	44	x \$25 = \$		OR	x \$50 = \$	2200.00
Independent	3	4	-0-	x \$100 = \$		OR	x \$200 = \$	
Multiple Dependent Claims				x \$180 = \$		OR	x \$360 = \$	
*HP = Highest previously paid				TOTAL FEE \$		OR	TOTAL FEE \$	2200.00

☐ Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

		SMALL ENTITY			LARGE ENTITY	
		Rate	Add'l Fee		Rate	Add'l Fee
<input type="checkbox"/>	Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$	
<input type="checkbox"/>	Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	
<input type="checkbox"/>	Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$	
<input type="checkbox"/>	Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$	
<input type="checkbox"/>	Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$	

☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (AZULP002).

☐ Enclosed is our Check No. ___ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

☐ Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.

☐ Enclosed are _____ sheets replacement drawings.

☒ Please charge Deposit Account No. 50-0685 (AZULP002) in the amount of \$2200.00 to cover the additional claim fee and/or extension of time fees.

☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (AZULP002).

☐ OTHER:

Respectfully submitted,
VAN PELT, YI & JAMES LLP



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P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to the examination of the application on the merits, please amend the application as follows:

Application Serial No. 10/701,388
Attorney Docket No. AZULP002